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10/736769

Application Number

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| 1 KANSMII IAL  | Filing Date   | 12/16/2003<br>ALTMANN, Scott W   |  |  |  |  |  |  |  |
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| TRANSMITTAL FORM   | First Named Inventor  |  |  |  |  |  |  |  |  |
| <i>[ . §</i> /   | Art Unit  | 1653   |  |  |  |  |  |  |  |
| THAT Seed for all correspondence after initial   | Examiner Name   | Liu, Samuel W.   |  |  |  |  |  |  |  |
|  | 16 Attorney Docket Number   | JB01603K3  |  |  |  |  |  |  |  |
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| ENCLOSURES (Check all that apply)  |   |  |  |  |  |  |  |  |  |
| Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s)  Landscape Table on CD  Remarks | Status Letter Other Enclosure(s) (please Identify below): References (5 cited) - 3 included; Return Postcard   |  |  |  |  |  |  |  |
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| Signature  | Som Vis   | w Co   |  |  |  |  |  |  |  |
| Printed name THOMAS A. TRIOLO  |   |  |  |  |  |  |  |  |  |
| Date July 17, 2006   | F   | g. No. 48001   |  |  |  |  |  |  |  |
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Underthe Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pure to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/736769 **Application Number** TRANSMITTAI Filing Date 12/16/2003 STENT & For FY 2005 ALTMANN, Scott V First Named Inventor **Examiner Name** Liu, Samuel W. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1653 TOTAL AMOUNT OF PAYMENT (\$) 180.00 Attorney Docket No. JB01603K3 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-0365 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 Utility 500 100 150 250 Design 200 100 100 50 130 65 Plant 200 100 300 160 80 150 Reissue 300 150 500 250 600 300 200 0 0 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Total Claims** Extra Claims **Multiple Dependent Claims** Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Submission of IDS 180.00

| SUBMITTED BY     | A 1              | 1.   |                                   |       |           |               |
|------------------|------------------|------|-----------------------------------|-------|-----------|---------------|
| Signature        | Then M           | colo | Registration No. (Attorney/Agent) | 48001 | Telephone | 908-298-2347  |
| Name (Print/Type | THOMAS A. TRIOLO |      |                                   |       | Date      | July 17, 2006 |

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